

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/576587

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/					
5						
6						
7						
8						
9						
10						
11	/					
12	/					
13	2					
14	2					
15	/					
16	/					
17	/					
18	/					
19	/					
20	2					
21	2					
22						
23						
24	0					
25	/					
26	/					
27	2					
28	2					
29	/					
30	/					
31	/					
32						
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37	/					
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46						
47						
48						
49						
50						
TOTAL IND.	8	↓	8	↓		↓
TOTAL DEP.	28	←	32	←		←
TOTAL CLAIMS	36		40			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51			/			
52			/			
53			/			
54			/			
55			/			
56			/			
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97						
98						
99						
100						
TOTAL IND.					↓	
TOTAL DEP.					↓	
TOTAL CLAIMS					↓	

BEST AVAILABLE COPY